

# Notes from the Field

**Editor's Note:** *Submissions to Notes from the Field (500–1000 words) should be sent to Hugh H. Tilson, MD, DrPH, Medical Division, Burroughs Wellcome Company, 3030 Cornwallis Road, Research Triangle Park, NC 27709. This column presents information regarding newsworthy public health programs and project experience at the community level. Further information should be sought from the person(s) listed in the footnote to each article.*

## Self-confidence Enhancement: A New Anti-tobacco Approach in South Africa

Between September and November 1989, an anti-tobacco health promotion program was tested in two Black townships—Langa (population 62,000) and Guguletu (population 101,000)—near Cape Town, South Africa. The Center for Epidemiological Research in Southern Africa of the Medical Research Council identified the need for a cigarette smoking prevention program in Black Townships<sup>1</sup> and set about developing and testing one used in the United States.<sup>2</sup> An Advisory Board was established to advise, support and assist with contacting educators who specifically understood the needs of Black South African children. Necessary permission was obtained from the state, regional, and school (principal) level to enter the schools. Discussion with teachers and principals concluded that the program should be delivered in the vernacular Xhosa, to facilitate it being better understood.

This program represents a new generation of approaches to tobacco use prevention. To date, health promotion programs in schools have focused on teaching

knowledge, attitudes and social influences from peers (third generation studies<sup>3</sup>). Yet, beliefs about oneself concerning personal skills and about how well one expects to do are important when trying and adopting health promoting behaviors (i.e. resisting pressures to smoke cigarettes, use alcohol or drugs). A program developed to enhance children's health should also promote self-confidence in ability to perform health-enhancing behaviors. Children learn about their effectiveness in situations as they grow and develop. Many children develop self-doubt about their decision-making abilities because of repeated failure particularly when they must make decisions at too early an age. This program used training concepts derived from Social Cognitive Theory<sup>4</sup> to "inoculate" children against chronic self-doubt or learned helplessness. These concepts are simple and universal across cultures and in different settings. They include: mastery experiences, knowledge transfer, modeling, emotional and physiological feedback.

A local Xhosa-speaking teacher was recruited to translate the curriculum and deliver the lessons, using a teacher's manual prepared in English and Xhosa. Thirty-one children approximately 10 years old took part in the intervention school, 40 children in each of two control schools. Pre-testing of the students and teacher training (two hours) occurred approximately two weeks before the lessons began. Four one-hour lessons were delivered, and the entire program was video recorded for future teacher training. The children were tested again shortly after the last lesson.

Evaluation of the program consisted of self-administered questionnaires (children); parent, principal and teacher reaction; impact; and peer review of video and program development. Overall, when

comparing the intervention school with the two control schools, there were no new cigarette smokers in the intervention school. Children who had been using snuff in the beginning of the program quit using it, and there was an increase in self-confidence.<sup>5</sup> The teachers and parents received the program enthusiastically. The Advisory Board felt the program met its objectives and should be tested on a larger scale and, if successful, incorporated into the formal school curriculum.

The program was funded by the Medical Research Council, Center for Epidemiological Research in Southern Africa. Teaching aids (video recording, yo-yos, balloons, posters) were donated by the Heart Foundation of Southern Africa. The smoking machine was donated by the Council on Smoking and Health. The Cancer Association volunteered personnel to assist with access to schools and to help the teacher in the classroom. Estimated total cost of development of the program was approximately \$20,000; total cost of a single school-based demonstration is approximately \$6,400 (including staff time and value of contributed services and teaching aids). For the community interested in trying this approach, the estimated cost per pupil would decrease as the number of participants increased. Teacher manuals, smoking machine, and posters are one-time costs. Yo-yos, balloons, student forms, and evaluation costs vary, depending on the number of students. Costs would increase if the demonstration is video recorded for future teacher training.

Children of today need to gain self-confidence in their abilities to make correct and healthful decisions for themselves. This health promotion program is providing that opportunity and assuring mastery experiences for every child in the classroom. Booster sessions, in the form

of a dramatized song, reinforce the concepts learned in the classroom. A long-term study is needed in order to test the ultimate effectiveness of this program. Impact will be evaluated favorably if this program is incorporated into the school curriculum (currently under review), possibly in the form of guidance classes, reading lessons, or a separate program of its own. Copies of the teacher's manual are available from the authors in both the United States and Southern Africa at the cost of reproduction. □

## Acknowledgments

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## Beyond Brochures: A Systematic Approach to Prevention

In this time of fiscal constraint, California's Contra Costa County (population 750,000) Prevention Program merits review by other counties, cities, and states. The Prevention Program, a division of the Health Services Department, coordinates and enhances existing community efforts rather than creating new, stand-alone pro-

grams. It was designed to integrate and strengthen health promotion and disease prevention programs throughout the county.

Limited funds allocated to primary prevention necessitate an efficient method to address public health issues such as chronic disease and safety, as well as less traditional concerns such as alcohol/drugs/violence, hunger and unemployment, management of toxic substances, and other environmental health concerns. Recognizing that service gaps, duplication, and even cross purposes can arise from numerous unrelated prevention activities, the program was designed to consolidate strategies and conserve resources.

The program plays a central role in initiating and supporting coalitions of community providers. Organizations frequently discover that under the authority and visibility of the Health Department they can accomplish tasks that would be harder, and perhaps impossible for any of them to accomplish alone. This cost-effective strategy enables the Health Department to fulfill its role as "assurer" of conditions in which people can be healthy—as called for in the Institute of Medicine's Report, *The Future of Public Health*.<sup>1</sup>

The Prevention Program fosters coalitions of county health agencies and categorical community service organizations and directs their efforts toward the common preventable root causes that contribute to or generate their specific issue or area of concern.

Using what the program calls a "preventive analysis," decisions are made on how best to cluster issues to achieve success. For example, child passenger safety could fall within the boundaries of childhood injury prevention, vehicular injury, or maternal and child health. To determine the most effective arena for action, the dynamics that cause the problem, the potential solutions, and the interests of the key participants must all be considered.

After coalitions are formed around specific objectives the program staff sponsors and coordinates projects and campaigns that make the best use of the knowledge and resources of all participating agencies and organizations. The main task of Prevention Program staff is the coordinating of the coalition's efforts. A mixture of activities—including initial planning, membership recruiting, research, media work, soliciting political support, and achieving credibility—all contribute to creating a solid base in the community for the

coalition to be effective. This process is described in the program's pamphlet, "Eight Steps to Coalition Building."

In 1988, the program produced a video demonstrating the many avenues for effective prevention activities. "Beyond Brochures, New Approaches to Prevention" features Bay Area prevention practitioners describing both local and national successes. Certain issues such as zoning for liquor sales are presented along with a continuum of activities that range from community education to influencing policy. How they complement and reinforce each other toward the primary goal of changing the environment is emphasized. The Prevention Program pays particular attention to influencing policy and legislation because of the powerful support it can offer the individual and the community.

For example, the American Cancer Society, the American Heart Association, and the American Lung Association have all made important preventive contributions in the County but are competitors in fund raising. By bringing these organizations together and forming the Smoking Education Coalition, smoking prevention became a clear and dramatic target. Rather than attacking categorical sequelae—heart attack, cancer, and lung disease—the Coalition was able to pool resources to fight the major contributing factor to all three diseases—smoking—and plan one county-wide strategy.

Contra Costa County became the first county in the nation to adopt a uniform smoking ordinance to regulate smoking in the workplace, restaurants, and other public spaces. The Coalition became a model for the State of California and helped engender the Coalition for a Healthy California which spearheaded the passage in 1988 of the Tobacco Tax Initiative, producing substantial revenues for smoking prevention and treatment of smoking-related disease.

During its first few years of operation, the Prevention Program received most of its funding from sectors of the Health Services Department. When the program began in 1982, the County contribution was less than \$100,000 but it eventually increased to approximately \$200,000 a year. Due to recent cutbacks in County funding, the nucleus of the programs budget has been reduced back to the original \$100,000 which amounts to approximately one-tenth of overall costs with the remaining nine-tenths coming from outside sources. The State Office of Traffic Safety, the Federal Department of

Health and Human Services, State Cigarette Tax Funds, and the San Francisco Foundation are major current contributors to the Program's budget of approximately a million dollars a year.

Grants from the California Office of Traffic Safety (COTS) have launched the Safer Travel through Education and Policy (STEP) program. Focusing on the leading cause of serious injury and fatality among children and young adults—motor vehicle collisions—STEP works to increase the use of seat belts, children's car seats, and motorcycle helmets.

STEP played a major role in the revision of California law resulting in mandatory education on child passenger safety for 800,000 high-risk drivers attending traffic school annually.

A new grant from the COTS provides \$400,000 for a three-year bicycle and pedestrian safety project to address the fastest growing type of vehicular injury in California and Contra Costa county. The

County will provide \$60,000 in-kind support to contribute to a total budget of about a half million dollars.

The US Department of Health and Human Services, Division of Maternal Child Health has provided funding which is responsible for the Youth Violence Prevention Project (YVPP). An outgrowth of the Alternatives to Violence and Abuse Coalition, YVPP works with parents, students, and the business community to prevent teen assault/fighting, suicide, sexual assault, and substance abuse, all components of the growing problem of violence.

Funding from the San Francisco Foundation and Hands Across America contributed to the Prevention Program's groundbreaking Nutrition and Hunger Task Forces. The Hunger Task Force conducted an extensive survey and published a report, "In the Midst of Plenty, the Shadow of Hunger." Today, thanks to the Hunger Task Force, hundreds of children receive free school breakfasts, and a

coalition of private and county organizations work toward the prevention of hunger and nutritionally related chronic diseases.

On many levels, in many different ways, prevention is saving lives and creating options for healthier lives. The Prevention Program has garnered much local and national attention and received various awards. Materials described above, and others used for support of community-wide activities, are available upon request from the authors. □

## Reference

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## Chronic Hepatitis C Recognized as Public Health Threat

The American Liver Foundation (ALF) today launched the first National Hepatitis Awareness Campaign (NHAC) to alert the public to the widespread threat of chronic hepatitis C, a potentially fatal liver disease. Free blood screenings and information will be offered to the millions of Americans who are at high risk for the disease, including patients who have received blood transfusion or hemodialysis, health care professionals, and intravenous drug users.

According to the Centers for Disease Control, hepatitis C is the most underreported of all types of viral hepatitis. Each year approximately 85 000 patients become chronically infected with the disease. Symptoms range from fatigue, nausea, and loss of appetite, to nothing at all.

ALF urges all Americans who have been exposed to

blood or blood products to contact them for information about the disease.

- Starting immediately, a national toll-free hotline (800-223-0179) will be answered during business hours (8:30 AM to 5:00 PM EST) to field inquiries related to the disease, local educational efforts, and physician referrals.

- A free consumer booklet, entitled "Hepatitis C: A common but little known disease," will be available to all who call the 800 line and through local chapters of the ALF.

- Starting in May, free walk-in blood screenings will be offered at hospitals in the largest cities.

The National Hepatitis Awareness Campaign is supported by a grant from Schering Corporation.